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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)

AKIMOTO et al.)

Application Number: 10/757,588)

Filed: January 15, 2004)

For: IMAGE DISPLAY DEVICE)

Attorney Docket No. HITA.0488)

Unit 2629

Examiner
Boddie, William

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	24	28	8 (Over 20)	x \$50	0
Independent Claims	1	3	(Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[x] Response to Office Action
(with Claim Amendments)

[] Preliminary Amendment

[] Substitute Specification

[] Other _____

[x] Petition for 2-month Extension of Time

[] Terminal Disclaimer

[x] Letter to Draftsperson

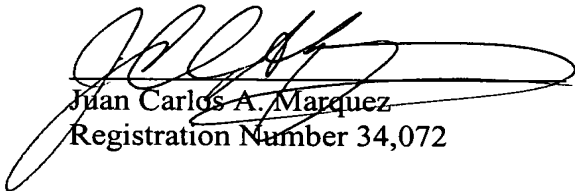
[x] 1 sheet of replacement drawings

[] Request for Continued Examination

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$450.00** to cover the 2-month extension fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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March 30, 2007